Health Insurance Marketplace for Michigan

MAXIMUS Presentation to the
Michigan House of Representatives
Health Policy Committee

December 1, 2011

MAXIMUS®
HELPING GOVERNMENT SERVE THE PEOPLE®

Agenda

- MAXIMUS Experience in the U.S.
- Michigan Contract History
- Vision of a Health Insurance Marketplace
- How MAXIMUS Can Help

Health Services – Medicaid Enrollment Services

Medicaid Managed Care Support

- Enrollment Broker in 14 states
- 65% of the managed care enrollment market served by vendors
- Serve 1:2 Medicaid managed care beneficiaries nationally

Core services

- Outreach, education, health literacy
- Choice counseling & enrollment
- Customer service call center
- Provider directories & management
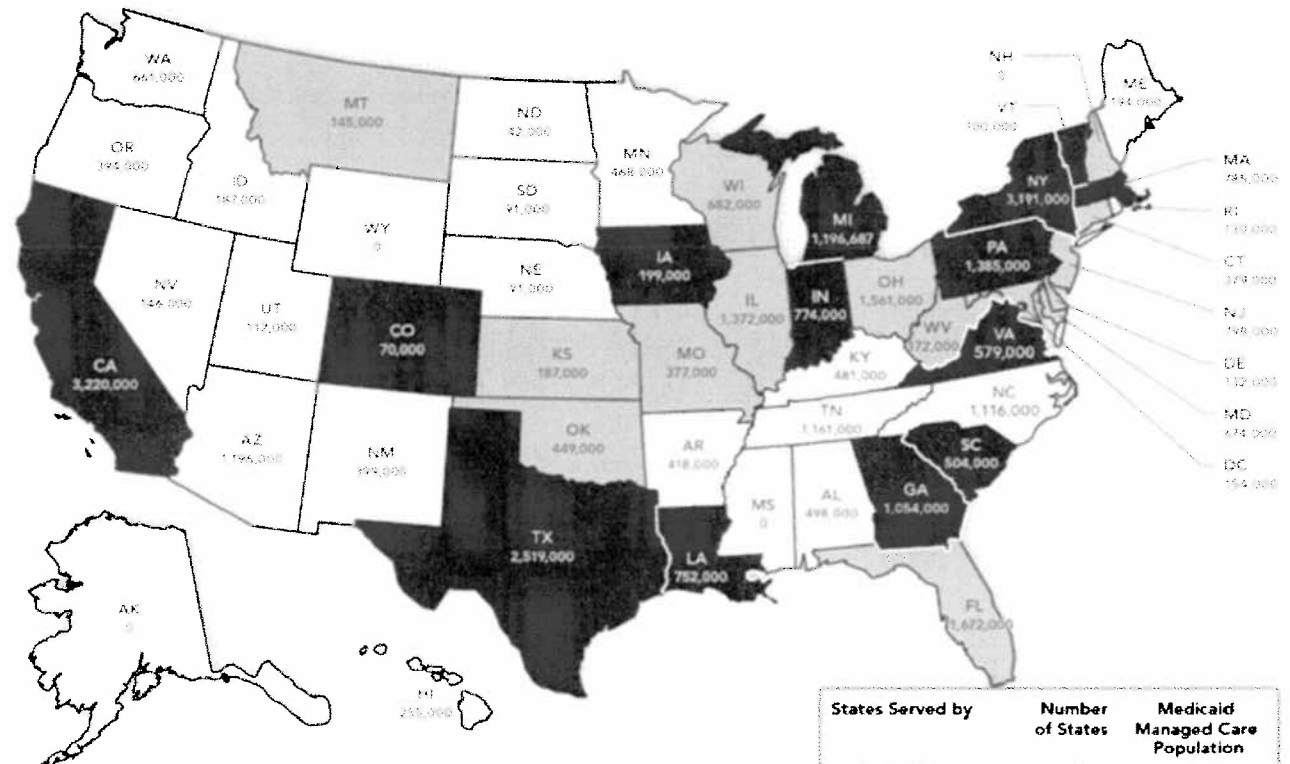
Source: 2010 CMS Data

Note: Rounded figures. Total excludes the District of Columbia

States Served by	Number of States	Medicaid Managed Care Population
■ MAXIMUS	14	16,331,184
☐ Other Vendors	14	8,754,764
Vendor Subtotal	28	25,085,948
☐ No Vendors	23	8,041,392
Total	51	33,127,340

Health Services - CHIP Eligibility and Enrollment

Map of the United States showing CHIP enrollment by state:

- WASHINGTON
- OREGON
- MONTANA
- NORTH DAKOTA
- MINNESOTA
- IDAHO
- WISCONSIN
- SOUTH DAKOTA
- WYOMING
- NEVADA
- UTAH
- NEBRASKA
- IOWA 32,681
- MICHIGAN 52,878
- ILLINOIS
- INDIANA
- OHIO
- NEW YORK
- PENNSYLVANIA* 95,153
- NEW HAMPSHIRE
- VERMONT
- MAINE
- MASSACHUSETTS
- RHODE ISLAND
- CONNECTICUT 22,270
- NEW JERSEY 95,153
- CALIFORNIA 3,632,547
- COLORADO 99,555
- KANSAS 51,162
- MISSOURI
- KENTUCKY
- W.VIRGINIA
- DELAWARE 11,111
- MARYLAND
- ARIZONA
- NEW MEXICO
- OKLAHOMA
- ARKANSAS
- TENNESSEE 30,868
- NORTH CAROLINA
- SOUTH CAROLINA
- DISTRICT OF COLUMBIA
- VIRGINIA 84,574
- MISSISSIPPI
- ALABAMA
- GEORGIA 311,234
- TEXAS 731,916
- LOUISIANA
- FLORIDA 353,135
- ALASKA
- HAWAII

States Served by	Number of States	CHIP Population Enrolled in Separate Program
MAXIMUS	5	4,549,577
Other Vendors	8	959,507
Vendor Subtotal	13	5,509,084
No Vendors	37	4,181,433
Total	50	9,690,517

Note: Total includes the District of Columbia

Source: 2008 CMS Data

CHIP Program Administration

- CHIP provider in 5 states
- 68% of market served by third party administrators

Core services

- Customer service call center
- Intake, eligibility determination & case maintenance
- Premium billing, payment processing
- Outreach, provider and health plan enrollment, health literacy
- Self-service portals

A Focus on the Consumer Experience

Alignment with Federal Usability & Disability Guidelines

All Content Written at or below 6th Grade Level

- Simple, clear navigation with uncluttered, appealing graphic design
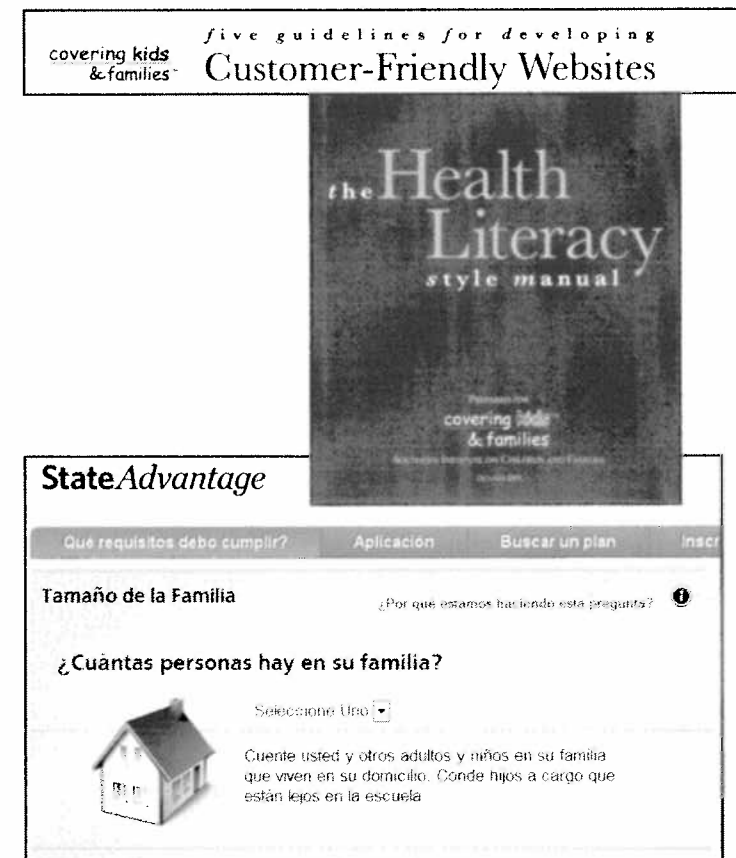- Plain language writing

Web Design

- Compliance with section 508/504 & W3C
- Multi-language translation and culturally appropriate communication materials
- Online help content and assistance functions
- Plan advisory functionality

Usability and Community Testing

- Ensures that your health information materials are easy to read, easy to use, and culturally relevant
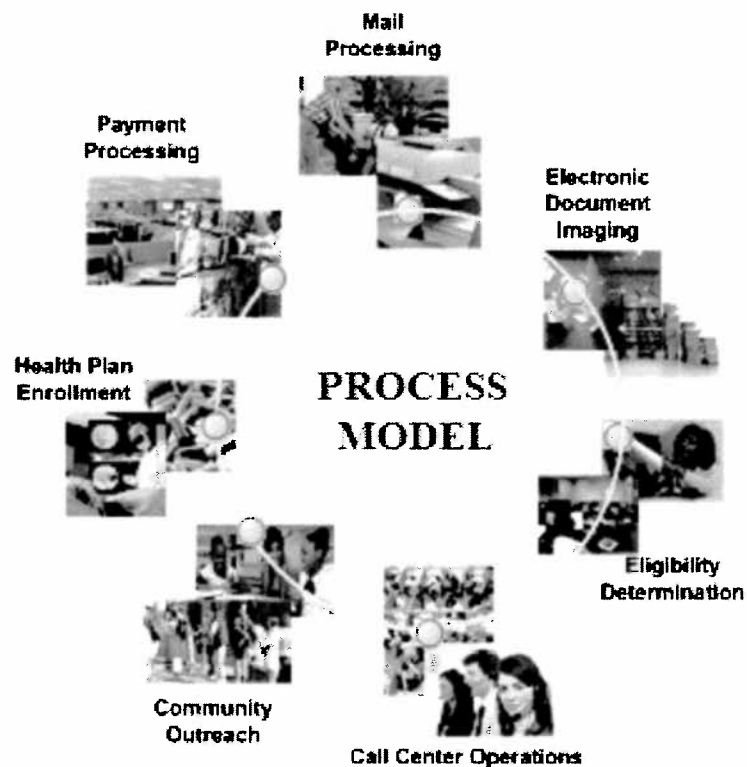
Multi-language Support & Translation Services

- Translate materials into any language, and adapt translations for readers with limited literacy skills

covering kids & families
five guidelines for developing
Customer-Friendly Websites

the Health Literacy *style manual*

covering kids & families

State*Advantage*

| Qué requisitos debo cumplir? | Aplicación | Buscar un plan | Inscr |

Tamaño de la Familia   ¿Por qué estamos haciendo esta pregunta? 🔓

¿Cuántas personas hay en su familia?

Seleccione Uno

Cuente usted y otros adultos y niños en su familia que viven en su domicilio. Conde hijos a cargo que están lejos en la escuela

Largest Health Appeals Provider in the Nation

Medicare PART A	• Coverage & Benefits • Hospital Services • Long Term Care	• Home Health • Diagnostic Tests
Medicare PART B	• Provider Services (Doctor's Visits) • Diagnostic Tests • Ambulance Transport • New Technologies	
Medicare PART C (Medicare Advantage)	• Coverage & Benefits • Hospital & Provider Services • Diagnostic Tests • Durable Medical Equipment	• Level of Care & Length of Stay • Out-of-Plan Care & Specialty Care • New Technologies
Medicare PART D	• Late Enrollment Penalties (LEP) • Non-formulary Exceptions • Prescription Quantity Limits	
State Appeals	All health care service, plus: • Provider Appeals • Pre-existing Conditions • Correct Coding & Reimbursement	

Getting It Right – Business Process Management

Mail Processing
Payment Processing
Electronic Document Imaging
Health Plan Enrollment
PROCESS MODEL
Eligibility Determination
Community Outreach
Call Center Operations

- Creates an operational framework for business process improvement
  - Repeatable processes to reduce error and realize efficiencies
  - Real-time management and reporting

- Generic administrative tasks handled by a group of workers at a single location

- Functions amenable to centralization
  - Customer service
  - Mail processing
  - Eligibility determinations
  - Health plan enrollments
  - Premium processing

- Greater management control and accountability

- Significant cost savings through economies of scale

- More cost-effective application of process-related technology such as imaging and electronic task management

Michigan Contract History

1997 Michigan ENROLLS (Enrollment Broker) contract

1998 MIChild Administrative Services (CHIP) contract

2000 DCH Beneficiary Helpline Add-on

2002 MIChild / Healthy Kids Interactive Internet Application
(added at no cost to the State of Michigan)

2006 Michigan Enrollment Broker Services Rebid contract

- Included mihealth Card Production

2007 Expand MIChild internet application functionality

- Added Plan First & MOMS
- Electronic signatures
- Enroll DCH-certified community agencies

2011 Michigan Enrollment Broker Services Rebid contract

- Online enrollments and mihealth card requests (2012)

Medicaid and CHIP

Healthy Kids for Children under Age 19 and Pregnant Women

- Bridges
  - No asset requirements
- MAXIMUS system

MIChild

- MAXIMUS system
  - Interface with Vital Records

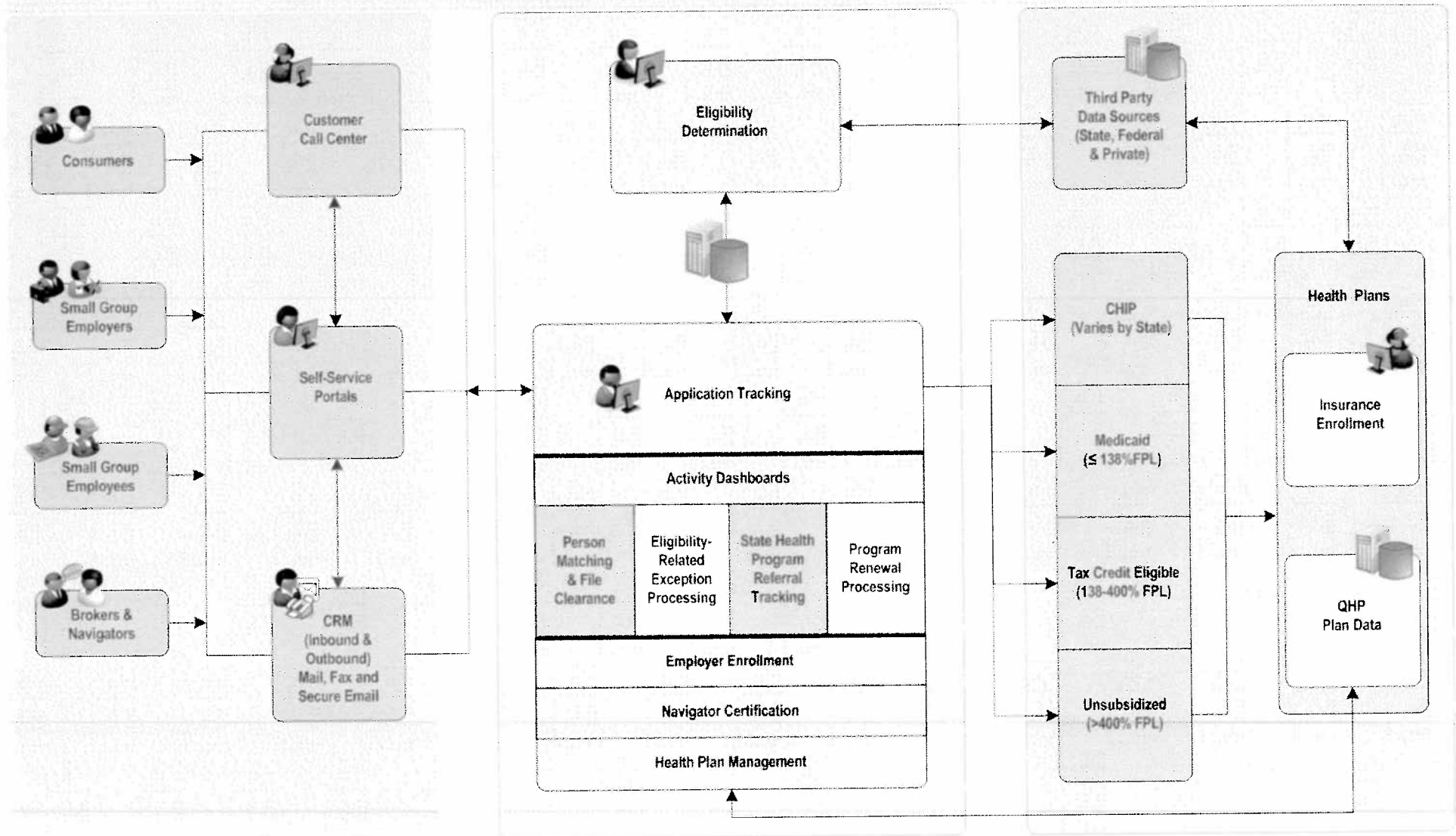**Medicaid for Adults and ABD**

- Bridges
  - Asset requirements
  - Medical eligibility for ABD

MIChild – Michigan's "Mini Exchange"

- Provide toll-free call center assistance to applicants and members (cross-trained agents also provide help for Medicaid and Medicaid managed care enrollment program)

- Process applications – new and renewal; paper, internet & DHS referrals

- Calculate eligibility for MIChild, Healthy Kids Medicaid, Plan First and MOMS

- Refer applicants eligible for Healthy Kids Medicaid and Plan First to DHS via electronic interface

- Enroll eligible children in MIChild health and dental plans via interface with CHAMPS

- Collect MIChild premiums ($10 / month) using lockbox and manage a late pay reminder and failure to pay disenrollment process

Overall Vision for Michigan Marketplace

Health Insurance Marketplace Components

Life Cycle of a Case for Individuals and Small Groups →

○ Self-Service ● Assisted	Eligibility	Plan Selection	Enrollment	Maintenance	Renewals
Self-Service Portal	○	○	○	○	○
Call Center/ Mail	●	●	●	●	●
Navigators/ Brokers	●	●	●	●	●

Marketplace

Operations

- Health Plan Management
- Business Process Outsource Components
- Business Analytics
- MAGI Based Eligibility & Data Verification
- Financial Management
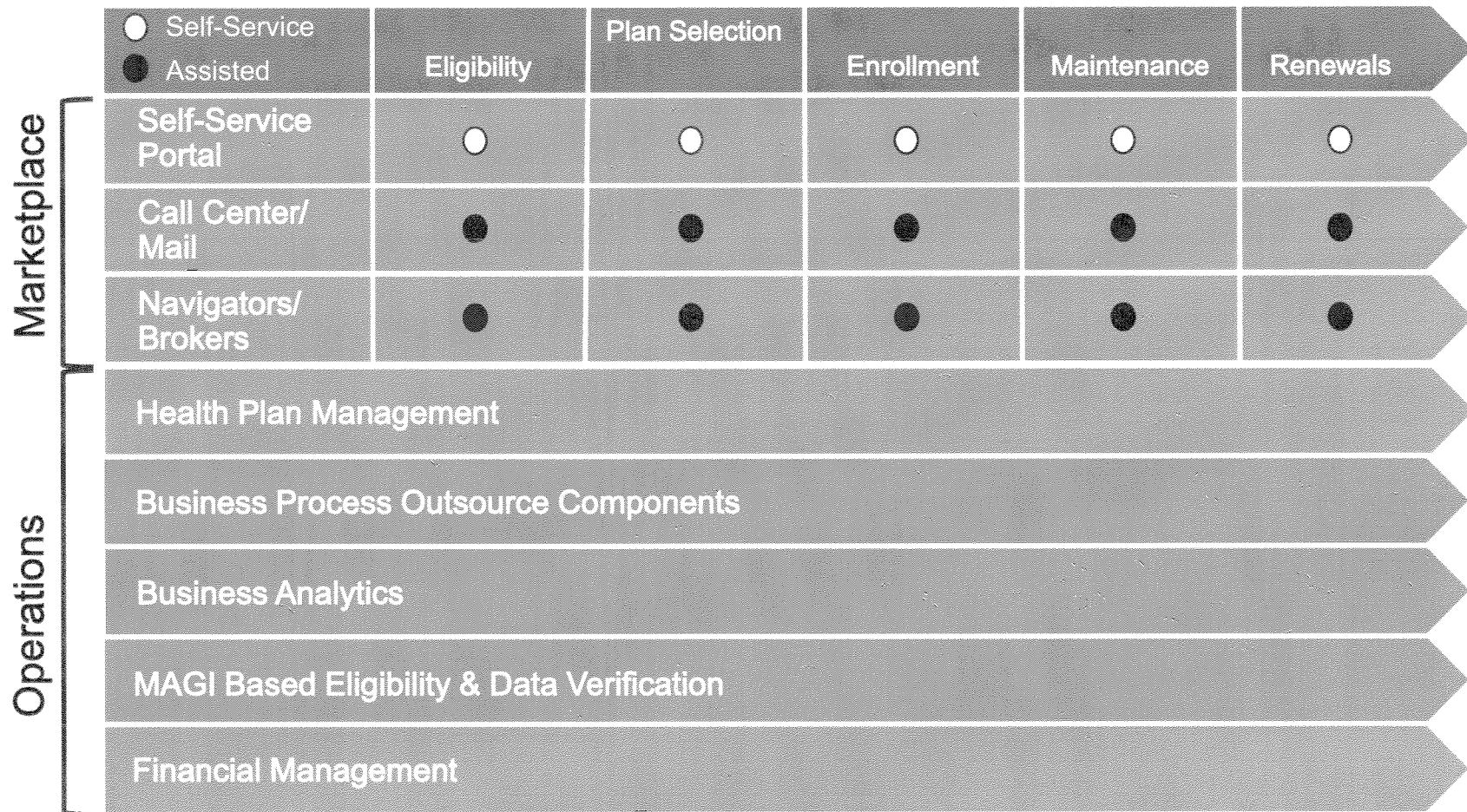
Partnership with Connecture

- 12 of the 20 largest U.S. carriers, and all of the top 5, are Connecture clients

- BCBSA and AHIP Endorsements

- 64% of all BlueCross Blue Shield plans

- 42 clients that span across all product lines and market segments

- Broker technology behind CBIA, a private Exchange for the small group market

Accessibility for All Constituents

En Español   Font size   +   -   Help

State*Advantage*

Username   Password   **Sign In**

Individuals ← Individuals

Request an exemption
U.S. citizens and legal residents are required to have qualifying health coverage.
Learn more

My employer sent me here.
If you were given an employer ID number to enroll with, you can enter that below:

[   ]   Lookup employer

Determine if I qualify ►   Purchase health plans ►   Apply for assistance ►

→ Employers

→ Providers

Employers

What can I do on the Exchange?
You can offer your employees greater control over their health care and manage your costs.

Get Started

Brokers & Navigators ←

Register for the Exchange
Sign up to be a broker or a navigator and help others find health insurance.

Register

Find a doctor

[Search]
Advanced search

I am a doctor

→ Brokers/Navigators

Need help enrolling in the Exchange?

Find a local Broker or Navigator.

Broker [▼] [ZIP code]   **Find**

Health Insurance Exchange Timeline Sample

Working Backwards from October 2013

| Last day to apply for level one Grant 12/30/11 | HHS begins readiness assessments spring 2012 | | HHS accepts Exchange Approval Applications Fall 2012-90 day turn around for full approval or conditional approval | Ongoing HHS technical assistance and readiness assessments by HHS for conditionally approved exchanges 1/13-9/13 | | Navigator Training and Certification Process Completed by 9/1 |

10/11-12/11	1/12-3/12	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13	4/13-6/13	7/13-9/13	10/13-12/13
Planning and Design Phase		**Process and System Development**		**Operations and system testing**		**Readiness Testing/QA**		**Enrollment**

Exchange Design Issues to be decided:
Web Portal
Call Centers
QHP management
Employer Management
Navigator Management
Outreach and Education
Notice and Appeals
Enrollment processes
Reporting requirements
Eligibility/Subsidy Calculations
Shopping Tools
Product Comparison Tools
Cost Calculator
SHOP design-employer employee choice, size of groups in market, employer interfaces

Last day to apply for Level 2 grant June 29, 2012- no more federal establishment grants available-state must have enabling authority to operate exchange by this date.

If not approved conditionally by 12/31/12 Federal exchange implemented

HHS conducts exchange operational readiness testing (4/13-8/13)

Exchange must be able to determine eligibility on 10/1/13 and consumers can begin choosing plans. Means all QHP products will have to be approved, priced, and loaded on the exchange for shopping.

Qualified health plans approved and priced for sale on exchange. Interface testing with QHP for enrollment and financial transactions

Design Phase Completed, all business rules in place, begin implementation of system interfaces, staff of operations, vendors selected

Latest a state can submit an exchange plan to HHS- 10/12
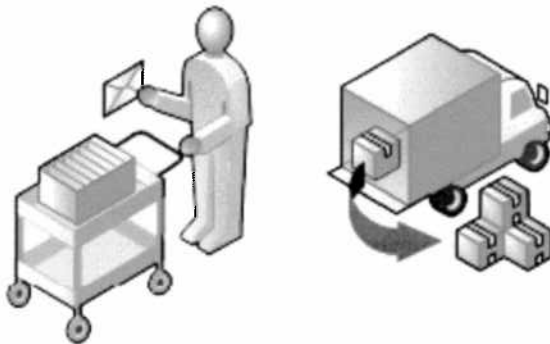
Source: Georgia

Leveraging MAXIMUS Assets

Call Center Customer Service

MAXIMUS Call Center

- Expand technical capacity
- Recruit and train staff
- Maintain performance standards

Document Management

MAXIMUS Document Management

- Expand scanning capacity
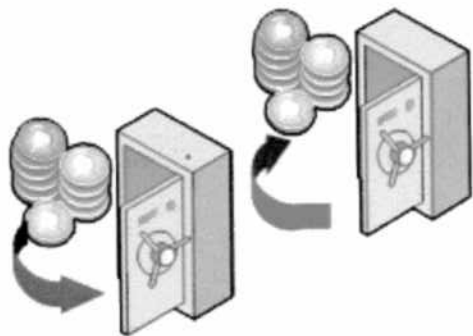- Expand role of mail house
- Maintain performance standards

Leveraging MAXIMUS Assets

Application Processing

Premium Processing

MAXIMUS Application Processing

- Develop real-time interfaces for data gathering/matching
- Develop 834 interfaces with QHPs
- Recruit and train staff
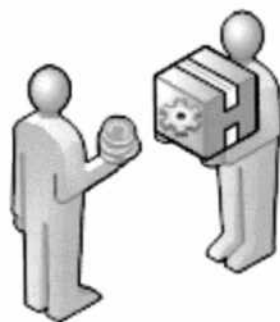- Maintain performance standards

MAXIMUS Premium Processing

- Expand lock box capacity
- Expand payment options
- Partner with Premium Aggregator
- Develop 820 interfaces with QHPs
- Maintain performance standards

Leveraging MAXIMUS Assets

Outreach and Navigator Management

MAXIMUS Outreach and Navigator Management

- Recruit, train and certify Navigators

- Conduct community-based and statewide outreach, including partnership with PR/Advertising company

- Manage Outreach and Navigator contracts

- Monitor Navigator performance and evaluate outcomes

Leveraging the MAXIMUS-Connecture Alliance

MAXIMUS

Connecture

Medicaid, CHIP, Individual & Group Markets Supported

Sits on existing or re-engineered eligibility systems

Supports Navigators, brokers, and others doing outreach, education and assistance

Creates customer service with multi-channel access, data collection and web portals

Brings business process and the technology that supports the process into one cohesive solution

Leverages strengths to offer a comprehensive solution for both Individual and SHOP Exchanges